

SPRINGDALE FIRE DEPARTMENT

Fire Prevention Division

Fire Alarm Acceptance Test Form

Occupancy Name: _____ Date: _____
Address: _____ Phone #: _____
Installing Contractor: _____ Phone #: _____
System Manufacturer: _____ Model: _____
Inspector: _____

1. Alarm Panel

Is the fire alarm panel accessible	YES	NO	N/A
Is a smoke alarm present	YES	NO	N/A
Is a remote enunciator panel located in the building	YES	NO	N/A
If yes, location(s): _____			
Are phone lines present and in service	YES	NO	N/A
Is a zone map or index present, if necessary	YES	NO	N/A

2. Offsite Monitoring Company & Contact Information:

Company Name: _____
Address: _____
Phone Number: _____

3. Initiating Devices

Does the panel monitor valve tamper	YES	NO	N/A
If yes, number of tamper switches present			N/A
Did the devices send the proper signal to the panel	YES	NO	N/A
Does the panel monitor sprinkler water flow switches	YES	NO	N/A
If yes, number of flow switches			
Flow switch activation times #1 _____ #2 _____	#3 _____	#4 _____	
Did all of the pull stations activate an alarm	YES	NO	N/A

4. Signaling Devices

Did horn strobes activate	YES	NO	N/A
Did strobes activate	YES	NO	N/A

5. Ancillary Devices

Are magnetic hold open devices present	YES	NO	N/A
If present, did the devices operate properly	YES	NO	N/A
Was the system placed back in service	YES	NO	N/A

Check the systems monitored by the fire alarm system:

- ☐ Automatic Sprinkler
- ☐ Wet Chemical Extinguishing System
- ☐ Dry Chemical Extinguishing System
- ☐ Security System
- ☐ Fire Pump
- ☐ Standpipe System
- ☐ HVAC Smoke System
- ☐ Other Systems (specify): _____